

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JP	75331	
O.I.P.E. CLASSIFIER	EIN	11	6/19/00
FORMALITY REVIEW	gum	854	7-25-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date				
Final	Original	12	03	18	3
1	02	03	03	04	05
2	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓
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17	✓	✓	✓	✓	✓
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24	✓	✓	✓	✓	✓
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39	✓	✓	✓	✓	✓
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46	✓	✓	✓	✓	✓
47	✓	✓	✓	✓	✓
48	✓	✓	✓	✓	✓
49	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓

Claim	Date				
Final	Original	12	03	18	3
51	✓	✓	✓	✓	✓
52	✓	✓	✓	✓	✓
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Claim	Date				
Final	Original	12	03	18	3
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If more than 150 claims or 10 actions
staple additional sheet here

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